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FACSIMILE TRANSMITTAL SHEET

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To

Examiner Heather Anne Doty

USPTO

From

Jay Beyer

Pritzkau Patent Group

Number of Pages (including cover) 19

Date Sent

January 27, 2006

Fax #:

571-273-8300

Message

Response to Office Action

Examiner Heather Anne Doty,

Please enter the following documents into the file for application serial number 10/665,267. The following documents include:

Fax cover sheet

1 page

Amendment A Transmittal (in duplicate)

2 pages

Amendment A

16 pages

Total Pages

19 pages

If there are any questions regarding this fax, please call Jay Beyer at 303-499-3859.

Sincerely,

Jay Beyer

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<u>J</u>AN 2 7 2006PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| In re the application of | | | | | | Examiner: Heather Anne Doty | | | | |
|---|-------------------------|-------|------------------------|---------------|--|-----------------------------|-------------------|-------|----------------------|--|
| Rene | Rene George et al. | | | | | | Art Unit: 2813 | | | |
| Serial No: 10/665,267 | | | | | | Attorney Docket: MAT-4 | | | | |
| Filed: Septe | led: September 17, 2003 | | | | | Date: January 27, 2006 | | | | |
| For: PHOTORESIST IMPLANT CRUST REMOVAL) | | | | | | | | | | |
| CERTIFICATE OF BLECTRONIC TRANSFER. I hereby certify that this correspondence is being electronically transmitted to the United States Patent and Trademark Office on January 27, 2006. Signed: Jay R Beyer | | | | | | | | | | |
| Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | | | | |
| SIR: Transmitted herewith is an Amendment for the above application. Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established No additional fee is required. Postcard included | | | | | | | | | | |
| The fee has been calculated as shown below: (Col. 1) (Col. 2) (Col. 3) | | | | | | SMALL ENTITY | | | NON- SMALL ENTITY | |
| | Claims Remaining | | Previously Paid For | Present Extra | | Rate | Additional Fee | Rate | Additional Fee | |
| Total Claims | * 80 | Minus | **80 | 0 | | x 25 | \$ | x 50 | \$ 0 | |
| Indep. Claims | *14 | Minus | ***14 | 0 | | k 100 | \$ | x 200 | \$ 0 | |
| First Presentation of Multiple Dependent Claim(s) | | | | | | +180 | | +360 | \$ 0 | |
| * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3. | | | | | | Total | | Total | \$ 0 | |
| If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims | | | | | | | | | | |

originally filed.

Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to 37 C.F.R. § 1.136(a).